

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other than this form -
verac H-1000)

Report Form No. 1
Expires August 31, 1-85

SUNDRY NOTICES AND REPORTS ON OIL AND GAS WELLS

(Do not use this form for proposals to drill or to deepen or log back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-046153-A
2. NAME OF OPERATOR Western Reserves Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 993 Midland, Texas 79702		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FNL & 830' FEL		8. FARM OR LEASE NAME Western Reserves "34" Fed
14. PERMIT NO.		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) DF 4351'		10. FIELD AND POOL, OR WILDCAT Tom-Tom (San Andres)
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec34-7S-31E
		12. COUNTY OR PARISH Chaves
		13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Temporarily Abandon

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

- Well is currently producing at high water cut and low oil cut making the well unfeasible to produce.
- Operator request the approval to temporarily abandon this well until remedial work can be done at a later date - approximately 18 months.

18. I hereby certify that the foregoing is true and correct

SIGNED Debra K. Hanev TITLE Production Clerk/Sec

DATE 1/6/86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED FOR 12 MONTH PERIOD
ENDING JAN 16 1988

*See Instructions on Reverse Side

APPROVED
PETER W. CHESTER

JAN 16 1987

BUREAU OF LAND MANAGEMENT
ROSWell RESOURCE AREA

✓

RECEIVED
JAN 21 1987
OCD
HOBBS OFFICE